

Supplement 1F to
Attachment 3.1A

Service 19a
Case Management - Children
At Risk for Abuse &
Neglect

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

V. Children at Risk for Abuse and Neglect

1. To be considered by the Montana Department of Public Health and Human Services as a case management provider for Children at Risk for Abuse and Neglect, the provider must:
 - a) be approved by the department;
 - b) have the capacity to provide the full range of case management services;
 - c) have a signed collaborative agreement with the family services program of the department and other key child and family service organizations in the county or counties where case management is being provided such as the county health department, county extension services, the community mental health program, county public schools, and private child and family service organization in order to avoid duplication of services and to promote effective community level networking;
 - d) be available to children in crisis on a 24 hour basis and be able to identify a crisis situation and respond accordingly;
 - e) employ case managers who have a 2 year degree in human services from an accredited institution or 2 years experience in a related field; and
 - f) employ a case management supervisor who:
 - 1) holds a masters degree, a bachelor's degree, or a relevant professional certification in a related health or human service field; and

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2) has at least five (5) years of relevant experience.

g) To accommodate special agency and geographic needs and circumstances, exceptions to the staffing requirements may be allowed if approved by the Department

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.